

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | h-2 | 45 | 5/29 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | OK | | 5/25/02 |

INDEX OF CLAIMS

✓ Rejected
 - Allowed
 + (Through numeral)..... Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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IF MORE THAN 150 CLAIMS OR 10 ACTIONS
 STAPLE ADDITIONAL SHEET HERE

(LEFT INSIDE)